



Tel : +966556661261
+966555394003
0115104080
+966553998131
Email : info@alreemsmartkids.com
Website: www.alreemsmartkids.com

Smart Kids Montessori School

(AlReem branch)

Registration Form

Name of Student :	First Name	Middle Name	Last Name
	_____	_____	_____
Date of Application : ___ / ___ / _____			
Grade/Class : _____			

Kindly prepare photocopies of all the required documents prior to attending your enrollment appointment.

Student's valid ID

Father's valid ID (Iqama, Diplomatic or Saudi ID)

Mother's valid ID (Iqama, Diplomatic or Saudi ID)

Vaccination record (All shots completed and stamped/signed by the Physician)

Latest School Report (if any)

“Montessori is an education for independence, preparing not just for school, but for life”

Maria Montessori

Student's Personal Information

Name: _____

Nationality: _____

Date of Birth: ___ / ___ / _____

Native Language: _____

Age by September (in years & months) :

Other languages: _____

Father's Personal Information

Name: _____

Mobile number: _____

Home Phone : _____

Work Phone : _____

Whatsapp number: _____

Email address : _____

Home address : _____

Job : _____

School Fees are paid by :

Myself

Employer

Name of Employer: _____

Mother's Personal Information

Name: _____

Mobile number: _____

Home Phone : _____

Work Phone : _____

Whatsapp number: _____

Job : _____

Email address : _____

Name of Employer: _____

Pick Up: Please list names of anyone that will be picking up your child from preschool on a regular or occasional basis:

(Name)	(Relationship to the child)
_____	_____
_____	_____
_____	_____

Medical Information

Please list any physical limitations or disabilities your child may have & what restrictions they may cause:

Allergies: Please list ALL allergies and medications needed. If your child has a severe food allergy please let us know immediately. We will also have to schedule a meeting with the child’s parents/caregiver to discuss emergency procedures before the child is left in our care.

Child’s Doctor Information:

Name : _____ Hospital : _____

Address: _____

Phone # _____

Please provide us your child’s vaccination record from his/her doctor.

***All shots need to be current and the vaccination record must be signed or stamped by your child’s physician before you child is left in our care.**

Emergency Contacts:

In the case of an emergency we will always try to contact a parent first. Please provide us with two names & contact information just in case we cannot reach a parent.

Name _____ Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Smart Kids Preschool program fees:

Age group	Annual Fees
0 – 18 Months	27,000 SAR
18 – 36 Months (Pre-KG)	30,000 SAR
3 – 6 Years (KG1,KG2,KG3)	30,000 SAR

➤ **Registration Fee: 3000 SAR (non-refundable and payable once).**

Please pay this registration fee when submitting this form. Registration is offered on a first-come/first-serve basis. Once capacity is reached you may be placed on our waiting list. School Fees could be paid at once or could be divided on the 3 academic terms and paid in advance before the beginning of each term.

Note: Joining any part of the term is considered a full term. Fees are not refundable.

➤ **After School Activities Program:**

From (2:00 pm – 6:00 pm) for students (1 month - 10 years).

Our activities include Book Club, Cooking, Art and Craft, Dancing, Reading Club, and Story-Telling. Baby Club (1 Day-3 years). The Fee is 3,000 SAR per month.

➤ **Summer Camp Program (1 month - 10 years):**

The fee is 3,500 SAR

➤ **Next Year Seat Reservation (deposit):**

A 2000 SAR is to be paid by the end of the school year reserving your kid's seat for next year (deducted from the next school year third term tuition fees but not refundable in case of cancellation by the parents).

Parent's Name: _____

Principal's Name: _____

Signature: _____

Signature: _____